

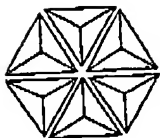
JAN. 13. 2005 2:57PM

BMS PATENT DEPT

NO. 4386 P. 1

**RECEIVED
CENTRAL FAX CENTER**

JAN 13 2005



Bristol-Myers Squibb Company
Patent Department

DATE: January 13, 2005

FACSIMILE TRANSMITTAL SHEET

URGENT

TO: USPTO -- Issue Fee Branch
FAX NO.: 1-703-746-4000 (703) 872-9306
FROM: Elliott Korsen
TELEPHONE NO.: (609) 252-4741
FACSIMILE NO.: (609) 252-4526
RE: U.S. Application Serial No.: 10/623,171
Attorney Docket No.: LD0310 NP
Number of Pages: 3 (including cover sheet)

CERTIFICATE OF TRANSMISSION VIA FACSIMILE

I hereby certify that this correspondence, a 1) Issue Fee Transmittal (1 page) and 2) "Fee Address" Indication Form (1 page) are being facsimile transmitted to the U.S. Patent and Trademark Office, Fax number 703-746-4000 on January 13, 2005.

Elliott Korsen/Depositor

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE RECIPIENT(S) NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

JAN. 13. 2005 2:57PM

BMS PATENT DEPT

BEST AVAILABLE COPY

NO. 4386 P. 2

CASE LD0310 NP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RECEIVED
CENTRAL FAX CENTER**

JAN 13 2005

IN RE APPLICATION OF

Art Unit: 1624

BHIDE ET AL.

Confirmation No.: 2727

APPLICATION NO: 10/623,171

FILED: JULY 18, 2003

FOR: NOVEL INHIBITORS OF KINASES

Mail Stop M Correspondence
Director of the US Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

'FEE ADDRESS' INDICATION FORM

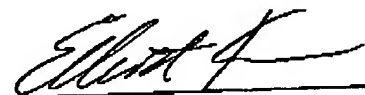
Sir:

Please recognize as the 'Fee Address' under the provisions of 37 CFR §1.363 the address of Customer Number 23914 for the above-identified application for which the Issue Fee is being submitted simultaneously.

The undersigned attorney is of record.

Respectfully submitted,

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000



Elliott Korsen
Attorney for Applicants
Reg. No. 32,705
Phone No. 609-252-4741

Date: January 13, 2005

JAN. 13. 2005 2:57PM

BMS PATENT DEPT

NO. 4386 P. 3

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

23914

7590

10/14/2004

STEPHEN B. DAVIS
BRISTOL-MYERS SQUIBB COMPANY
PATENT DEPARTMENT
P O BOX 4000
PRINCETON, NJ 08543-4000

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Elliott Korsen (Depositor's name)
[Signature] (Signature)
January 13, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/623,171	07/18/2003	Rajeev S. Bhida	LD0310 NP	2727

TITLE OF INVENTION: NOVEL PYRROLO(2,1-1) (1,2,4) TRIAZINE INHIBITORS OF KINASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	51570 1400	\$360	51670 \$1700	01/14/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MCKENZIE, THOMAS C	1624	514-243000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Elliott Korsen

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, this document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Bristol Myers Squibb Company
Reel 015470 Frame 0653

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Princeton, NJ U.S.A

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-3880 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 01/13/05

Typed or printed name Elliott Korsen

Registration No. 32,705

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.